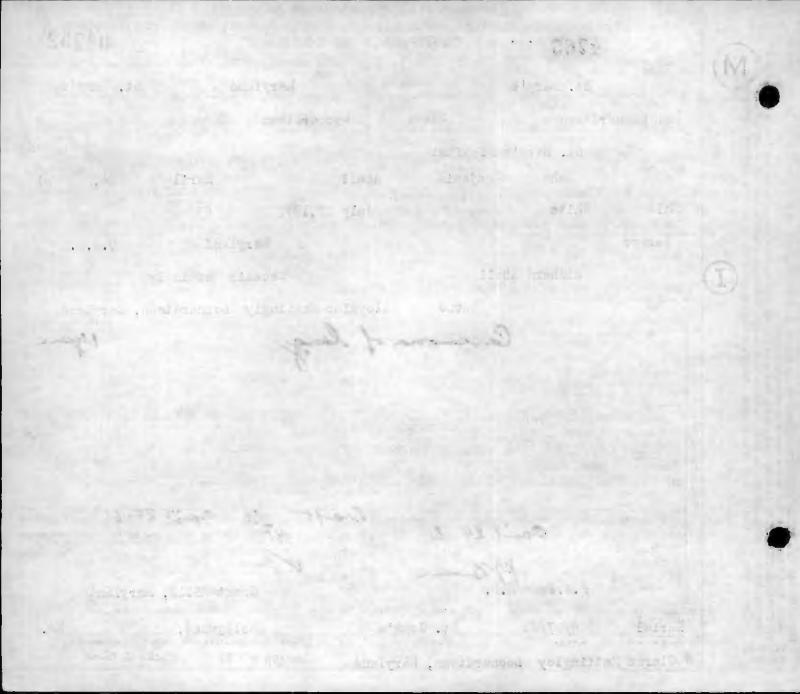
VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEA	LI
DIVISION OF STATISTICAL PROPAGOL AND PROPERTY AND PROPERTY OF THE PROPERTY OF	-

TH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	A R W U				
1. PLACE OF DEAT			2. USUAL BESIDEN	CE (Where decessed lived, If i	nstitution, Residence before edmission) TY
	St. Mary's	MARYLAND	A.1	vland	St. Marv's
b. CITY OR TOWN	(if outside corporate limits, d give neerest town)	c. LENGTH OF STAY IN 16		If outside corporete limits, write	
	ardtown	4davs	Leonardton	m X	
d. NAME OF HOSP	ITAL OR INSTITUTION (if not in I	nospital, give street eddress)	d. STREET ADDRESS		. IS RESIDENCE
	St. Mary's I	dospital			YES NO K
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)			ell	DEATH April	24, 19 61
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED . B.	DATE OF BIRTH	9. AGE (In years last birthday)	
Male	White WIDO	WED DIVORCED J	uly 22,1877	83 yrs.	Months Days Hours Min.
100. USUAL OCCUPAT	TION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Cour	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	orking life, even if retired)			Maryland	U.S.A.
13. FATHER'S NAME	- AND	1	14. MOTHER'S MAIDEN	9	O.D.A.
	Richard Abe	11		celia Mattingl	T.
15. WAS DECEASED EV	VER IN U.S. ARMED FORCES? 11		VFORMANT	Address	· J
(Yes, no, or unkown)	If yes give wer or dates of service)				3/ 3 1
		none Alo	Astra Watri	igly Leonardto	
	TH WAS CAUSED BY,	or line for (e), (b), end (c).	1 1		ONSET AND DEATH
TAKE I. DEA	IMMEDIATE CAUSE (a)	incinoma of	/ Juliang		1.6/1000
163	DUE TO	7	98		W.
Conditions, if an	y, which) (b)		0		
geve rise to immed	diete ceuse				
(a), stating the cause lest.	underlying				
	P SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	DELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
	.k sjoliliteki il eoribilioito e	OTTAIN TO DEATH DOT NO.	ACCULED TO THE TERMIN	THE DISERSE CONDITION OF	PERFORMED?
<u>V</u>	Printer Printer				YES NO
OR CONTRIBUTING	VAS UNDERLYING 20b. 0 CAUSE OF DEATH WEDICAL EXAMINER	ESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Part I or Part II of item 18.)	
3 20c. TIME OF INJ	URY Month, Day, Year 20		E OF INJURY (Home, fare		(County) (Stete)
20c. TIME OF INJU	1.4.	hile Not While Pacto	ry, atreet, office bldg., etc	•}	
	.,		100015	10/10 10 19	74.0/ 1 /0 / > 1
	that (I) (this hospital) att	nded the deceased from 24 1961 and that	1.		and on the date stated above
22e. SIGNATURE					22b. DATE
	ha	18 M.	DUING II V	STAFF PHYS.	SIGNED
22c. PHYSICIAN'S		Den	22d. ADDRESS		-
NAME (Type	P.J.Bean M.D	•		Great Mills,	Maryland
	TION, 23b. DATE THEREOF	23c, NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, tow	rn or county) (State)
Burial Specify	4/27/61	St. John's		Hollywood,	Md.
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	25e. REC	'D BY REGISTRAR 256. REG	
W. Clarke W	fettingles Las-	ardtown, Marylan	DATEAD	R 27'61 an	Ulun S. Hrossa
OLGIKO I	TO CATTIET ON TIBOL	ard LOWIL Marylar	10	AT IN .	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

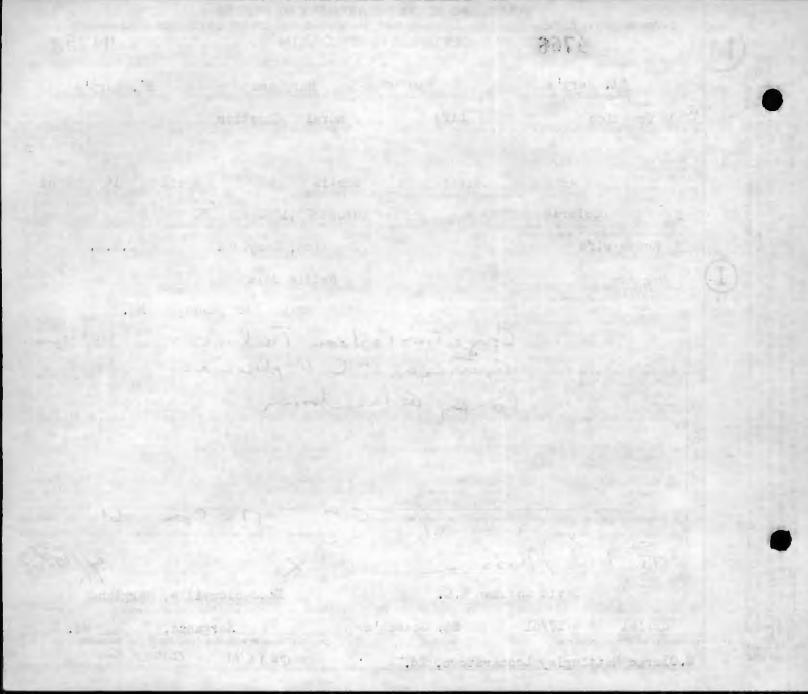
4766 CERTIFICATE OF DEATH

04753

1,	PLACE OF DEATH		2. USUAL RESIDEN	ICE (Whare daceased lived, If	Institution: Residence before admission)
	a. COUNTY		a. STATE	b. COUN	
-	b. CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		S Mary's RURAL and give nearest town)
	write RURAL and give nearest town)	* 4.0-	V 2	33 4 4	
-	d. NAME OF HOSPITAL OR INSTITUTION (IF not in	hospital give street address)	Rural C	Chaptico	. IS RESIDENCE
	at the of the office of the file of the	Hospital, Sira sugal and and and	1		YES NO
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
	(Type or print) Rose	Cecelia	Curtis	DEATH April	14 1961
5.	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
			August 29,18		Months Days Hours Min.
		. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & State, or foraign country)	12. CITIZEN OF WHAT COUNTRY
	House wife		Chaptico, N	Maryland	U.S.A.
13	. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	Unlenown		Nellie (Tole	
	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.		Address	
(1	as, no, or unkown) (liyasgivewarordatasolsarvica)		Nancy Gray	Chaptico,	Md.
_	18. CAUSE OF DEATH [Enter only one cause p	ar lina for (a), (b), and (c).]	maney dray	onap oxoo,	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	na tua Ca	1. F	2 0	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	organion co	when !	auturi	7.4
	720. DUE TO	01	- C-11	0-	
	Conditions, if any, which \ (b)	receivate		Manne	
	(a), stating the underlying DUE TO	c 0	0		U 9 4 2 3 1 1 1 1
	causa last.	man Onto	man born	`	
Z	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIV	
ATIC					YES TO NO TO
FIC	208. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in	Part I or Part II of item 18.1	112 U 10 U
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE TO WIROUM OCCURED	Fried Holoto of Infoxy In	1011 01 101 10 100 100	
MEDICAL		1 1 1	CE OF INJURY (Homa, far ory, street, offica bldg., at		(County) (State)
MED		hila Not Whila Tech	ory, anear, onice bregg, or		
-	21. I certify that (i) (this hospital) att	anded the deceased from	Cuh	100 10 Ca	, 19. that (I) (we) las
	3	3 11 11		, , ,	
			death occured at	M, from the causes	and on the date stated above
	220. SIGNATURE	7	.D. PHYS.	MED. STAFF	4//4/SKENET
	22c. PHYSICIAN'S		22d. ADDRESS		11114
	NAME (Typa) David Mossi	man M.D.		lechanic sville,	Maryland
23	a. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, to	
	REMOVAL (Specify) 4/17/61	St. Joseph'	S	Merganza.	Md.
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
-			DATES	R 18'61 au	chur S. Kraus
	.Clarke Mattingley Leon	aratown, Ma.	DAILE	1001	

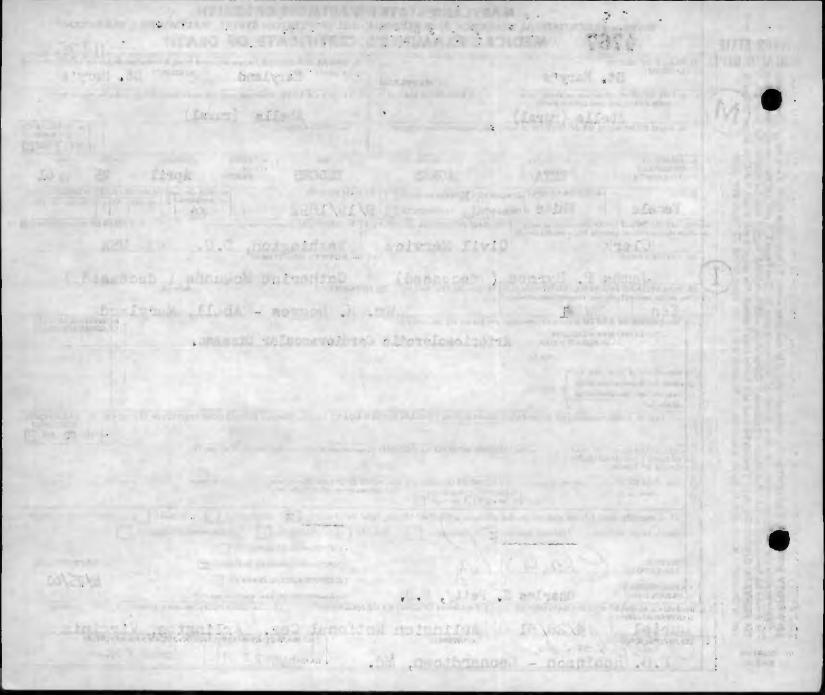
TO HOSPITAL OB ATTENDING PHYSICIAN: The law requires that th≡ death certificate be axecuted within 24 hours after death. Page 4 meterined by the hospital or attending physician.

TO FUNERAL DIMECTOR: After this certificate has been signed by the attending physician and completely filled in the frueral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edinission) 1. PLACE OF DEATH a. COUNTY b. COUNTY St. Mary's St. Mary's Maryland MARYLAND *c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Abells (rural) Abells (rural) d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Boar ON A FARM? retained he State B YES NO DO death. 4. DATE First Middle Last Month Dev Year NAME OF DECEMBED 3 to the AGNES DEGGES April 61 ZETA the DEATH 19 (Type of print) after ge 5 may be and 2 with 1 72 hours afte AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH S. SEX last birthday) Months Days Hours Female White WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) h form PM3. Page 1, 2, h form PM3. Page mit. File pages 1 and y event within 72 h done during most of working life, even if relired) Civil Service USA Washington, Clerk 13 FATHER'S NAME Catherine McQuade (deceased Byrnes deceased) IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, or unknown) | [[fyesgivewerordelesofservice] with Wm. H. Degges - Abell, Maryland 18. CAUSE OF DEATH linier only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ing" in pencil in the sr's Office along was a burial-transit promoval, and in a ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease. IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (6) seve rise to immediate cause 20 SE "pending" DUE TO (a), stating the underlying pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 90 cremat ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat YES DE NO -20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I) of item 18.1 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f, (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X and in my opinion Inspection Inquiry Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER T DEPUTY MED DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE GI DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) 22a, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) £40 g Buni Arlington National Cem. Arlington. 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRES: aller S. Thous VS. AISME DATEAPR 2 7 Robinson - Leonardtown, Md. 5M 9/60

LEVI AND STATE DEPARTMENT OF HEALTH



E PT

TO DEPUTY MEL AL EXAMINER please execute the chifficale, writing the should be forwarded to the Chief M TO FUNERAL DIRECTOR: Page 3 shor its designated agent, prior to burial

VS. AISME 5M 9/60

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504	m 5
우두	2 2
P V	20
造人员	JS C
S D W	0 =
ER. This certificate should be executed within 24 hours after death. If any delay is not the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral direction Medical Examiner's Office along with form PM3. Page 5 may be retained for year-ules.	should be used as a burial-transit permit. File pages I and 2 with the State Boar ial, cremation, or removal, and in any event within 72 hours after death.
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M >	N .00

Division of STATISTICAL	RESEARCH AND RECORDS	, 301 W. PRESTON STREET, BALTIMOI	PE 1. MARYLAND
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4768 MED	LOAT BY A SAISIBLE		04755
15 A 63 (% AREL)	HCA! PEAMINER'S	CERTIFICATE OF DEATH	11607 116
7100	THE PARTICIPATION OF	CERTIFICATE OF DEATH	11 2 2 11.1
T 1		3 3 3 L D' 000/ 10//	

	Mary's		MARYLAND	e. STATE Mary]		deceased Hved/If b. COUN	ITY C	dence before	edmission)
	pulside corporate Ilmi		c. LENGTH OF STAY IN 16	c. CITY OR TOWN		prporate limits, writ-	RURAL and gi	0	wa)
A NAME OF HOSPI	conardie			Newbi			0	8X-	ها
6. NAME OF HUSTI	INT OK INSTITUTION !	it not in ho	spital, give street eddress)	d. STREET ADDRESS					RESIDENCE LA FARM?
O St.	Mary's Host	oital							NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE	E Monti	D	ay Ye	or
(Type or print)	TAX	(TPC	LEO	DOUGT & C	DEAT	TH A .		10 10	1-
5. SEX		ÆS .		DOUGLAS		AD:			61
J. JEA	e. COLOR OR KACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months Day		R 24 HRS.
Male	Colored	WIDOW	ED DIVORCED	unknown		28 yrs.	Monins Day	HOULE	Min.
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retire	106. 9	CIND OF BUSINESS OR INDUSTI	RY 33. BIRTHPLACE (Steta	or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY?
	borer	d)		Marshaum	M = 10	. 1	15-0	4	
13. FATHER'S NAME	notet.	1		Newbury		Tand	U.S.	A.	
101 IMITAN S INOME			1	14. MOTHER 3 MAIDEN	INAME				
	A. Dougla			Elizabetl	h Y. I	Douglas			
15. WAS DECEASED EV	ER IN U.S. ARMED FOR Hyesgive werordates of a	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address			
I 18. CAUSE OF I	DEATH (Enter only one	CBUSE Der	line for (e), (b), end (c).j	4 E F C 4 E C 4 E C		to the same	1	INTERVAL B	TWEEN
								ONSET AND	
A.A.	H WAS CAUSED BY, IMMEDIATE CAUSE (*)	nemo	thorax						
92/V	DUE TO	guns	hot wound of 1	eft chest					
Conditions, if any		40							
geve rise to immed	iete cause								St. Name
(e), stelling the u	nderlying DUE TO								
cause last,) (c)								
PART II. OTHE	R SIGNIFICANT CONDIT	TIONS COL	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PART 1(e.	19. WAS	AUTOPSY ORMED?
5								YES T	NO I
PART II. OTHER	AUSE WAS 2	Ob. DESCR	BE HOW INJURY OCCURED.	Enter nature of Injury In Pa	et I or Part II	of item 18.1		1	No CI
PRIMARY TO OF CO	NTRIBUTING					o, nom roly			
	1		Shot during a	Ltercation					
3 20c. TIME OF INJU	JRY Month, Day, Yes		INJURY OCCURRED 200, PLA	CE OF INJURY (Homa, farr	m, 20f. (C	lity or town)	(County)		(State)
20c. TIME OF INJU	e 11/30/19 (67 of wor		Barroom		rlotte H	a77.	Ma	rvland
- Albert		or alle	nains described above, he		Inspectio				2
		-			_		-	nd in my	apinion
death resulted	from: Natural ca	uses	. Accident . Suic	ide Homicide	TXP C	Indetermined m	anner		
the second	0	0	/ 0 /	CHIEF MEDICAL	EXAMINER	x			
ACTUAL	() Cussell	4	Traken	ASSISTANT MED	DICAL EXAM	INER 🗍		DATE SI	GNED
SIGNATURE	A. Cot	- >	1 40 - 40 4	DEPUTY MEDICA				-1-1	/-
EXAMINER'S NAME (Type)	Russell S.	E4 ab	aw M D			louid		2/1/	61
220, BURIAL, CREMATIC			22c. NAME OF CEMETERY OF	Address (Street,					
REMOVAL (Specify		OF _	CALL SAME OF CEMETERY OF	CKEMATOKT	226. 100	ATION (City, lown	or country)	(Ste	10)
Bureal	15-4-	41	Church Cen	elery	Len	enced to	Dame	Mod	,
23. SUNERAL DIRECTO	RO		ADDRESS	Neces 24a. REG	C'D BY REGIS	TRAR 24b. REG	STRAR'S SIGN	ATURE	
(dal.	1 1.6	. 40	roll be line	Nen	MAY 2	'61			
yoursen	+ Janjuns	78	of particles.	1.W" DATE		<u></u>	reling 9 of	-	
11	0								

A comment winds a street of other Transmitted to the Carlo Carlo A PROPERTY OF THE PROPERTY OF THE PARTY OF T A STATE OF THE PARTY OF THE PAR 10000 DUMBER OF 15" p.t. 46".

EXENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 death. Page 4 may pretained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 to be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event. within 72 hours after

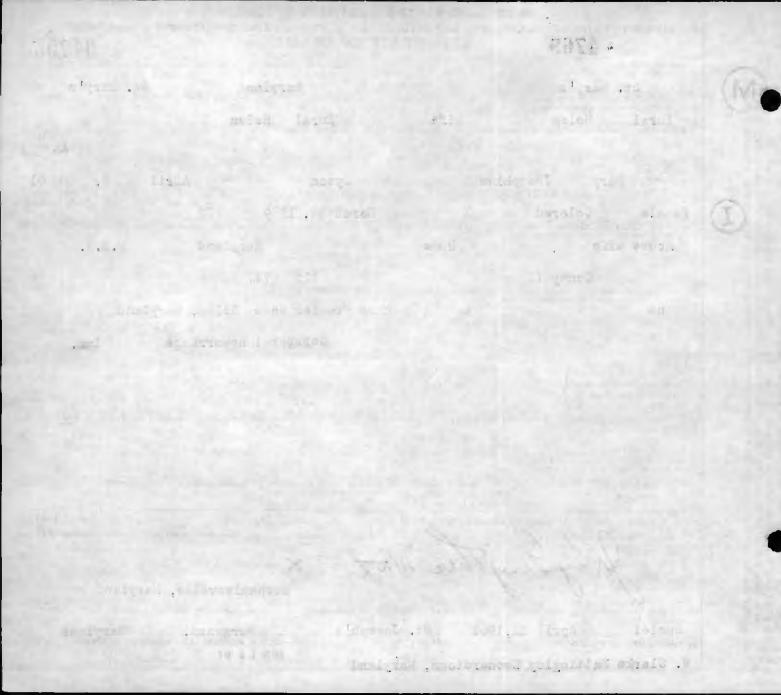
15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4769 CERTIFICATE OF DEATH

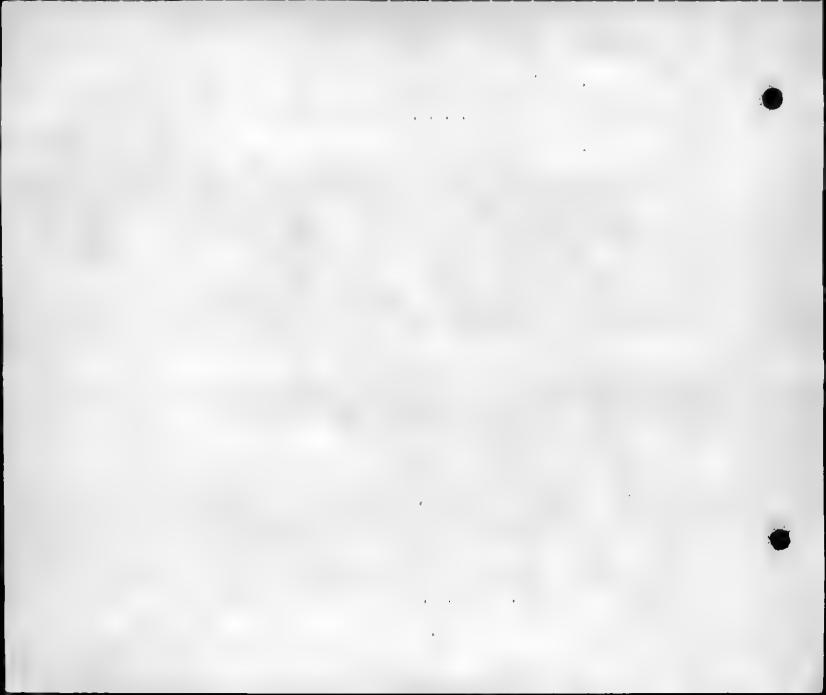
_									
1.	PLACE OF DEATH				2. USUAL RES	SIDENCE (Whore	dacaased lived, If I	nstitution: Rasidar	nce before admission)
		Manuela		MARYLAND		Marvland	B. COON		and a
-	L CITY OF TOWN II	Mary a foutside corporata limits,	1 0	LENGTH OF STAY IN 16		OWN (If outside co	moreta limite weita	St. Mar	
	write RURAL and	giva naarast town)		LENGTH OF STAT IN ID	V. CITT ON I	O TETA (II OBISIDA CO	ipolala illilia, wille	KOKAL BIIG GIVE	meanest town;
	Rural	Helen		Life	Rura	l Helen			
		AL OR INSTITUTION (if			d. STREET AD				. IS RESIDENCE
					1				ON A FARM?
									YES NO
3.	NAME OF	First		Middle	Lasi	4. DATE	Month	Day	Yaar
	(Typa or print) Ma	ry Jose	phine		Dyson	OF DEAT	H Apri	1 9.	19 61
5.	SEX	6. COLOR OR RACE		Laurence Coll	B. DATE OF BIRTH			IF UNDER I YEAR	
			. MARKIED	NEVER MARRIED	p. prete of pixel		last birthday)	Months Days	Hours Min.
	Female	Colored	WIDOWED X	DIVORCED	March 30,	1889	72 yrs.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110075
1Da	. USUAL OCCUPATI	ON (Giva kind of work	I IDb. KIND O	OF BUSINESS OR INDUST			or foreign country)	1 12. CITIZEN C	DE WHAT COUNTRY?
do	ina during most of wor	rking life, evan if ratired)				, , , , , , , , , , , , , , , , , , , ,			
	House wi	fe		Home		Mary	land	U.S.	.A.
13.	FATHER'S NAME				I 14. MOTHER'S M				
		Conny ??			277	7 777			
10	MAC BEEFARED FM	ER IN U.S. ARMED FORCE					111		-
		yesgivawarordalesofser		IAL SECURITY NO. 17.	INFORMANT		Address		
1	no		n	o Ma	ry Franies	Hebb He	elen. Mar	yland	
	18. CAUSE OF D	EATH (Entar only one c	ausa per line fo					TIN	TERVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY:			0	. h			NSET AND DEATH
		MMEDIATE CAUSE (a)_			vere	eberal her	morrhage_		mm.
	331 V	DUE TO							
	3311	1111							
	Conditions, if any								
	(a), stating the un								
	causa last.								
-) (c)_	DATE COLUMN	ITING TO BELTING		TERMINIAL DISCAS	F COLDITION ON	This is a name of the	WARRALLE DAVE OF
ő	PARI II. OTHER	SIGNIFICANT CONDITI	ONS CONTRIB	UTING TO DEATH BUT N	OT KELATED TO THE	TERMINAL DISEAS	E CONDITION GIVE	IN IN PAKE I(a)	PERFORMED?
AT									YES NO 1
F.	CO- ACCIDENT W	S UNIDEDIVING EL I	ant process	HOW INJURY OCCUR	D (C-to- outline of to	June In Bank I as Bank	All of Steen 10 1		
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	ZUD. DESCRIBI	HOW INJOINT OCCUR	D. (Enter nature of th	ilnia in Leu I or Leu	I II Or tram to.)		
U	(IF EITHER, NOTIFY	MEDICAL EXAMINER							
¥	20c. TIME OF INJU	RY Month, Day, Year	1 204 IN R.I	RY OCCURRED 20a. PI	ACE OF INTURY (Ho	ma farm / 20f (C	ity or town)	(County)	(State)
S	Hour a.m.	KI MONIN, Day, Iwai	Whila	Not While	ctory, street, office ble	dg., atc.)	in or to will	100011177	foreign
MEDICAL	p.m.	19	al work	at work					
~						10		40	1 . (1) /)]
	21. I certify th	hat (I) (this hospita) aftended						
	saw the deceas	e alive on)	and the	at death occured	i at	m the causes	and on the d	ate stated above
	22a. SIGNATURE	1//-		1	1		-		22b. DATE
	228. 310147107	4	1/	1. 10.0	ATTENDING,		STAFF		SIGNED
	Y ₀	oyou	410	UZ MA	M. PHYS.	DIRECTOR	PHYS.		
	22c. PHYSICIAN'S	1	1		22d. ADDRE				
	NAME (Typa)		0	1		Mechanic	sville, l	Maryland	
				100,00					
23	BURIAL, CREMATI	ON, 23b. DATE THERE	OF 23	. NAME OF CEMETERY	OR CREMATORY	23d. LO	CATION (City, tox	rn or county)	(Stata)
	REMOVAL (Spacify) Burial	Annil 1	2 1067	St Tem	anh! a	16		1/	
			2,1961	St. Jos			ganza,		land
24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		5a, REC'D BY REG		IISTRAK'S SIGNA	TURE
1	W. Clarke	Mattingley	Leanerd	toum Manual	and D	ATE APR 1 4 '6	51 a	Thur S. tha	un
-		COLOR M. CHALLES AND M		UU NIII - NELL VI	63-64-E				



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4770 please ere-4 should be Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH b. COUNTY Calvert o. COUNTY MARYLAND Marvland b. CITY OR TOWN til outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) and give regrest town) Prince Frederick Leonardtown D.O.A. 2 d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? files. YES NO St. Mary's Hospital 3. NAME OF 4. DATE Year Middle Day Month DECEASED DEATH 22. 1961 (Type or print) Lvdia Virginia Fowler April IFUNDER TYEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH fast birthday] Months Female White WIDOWED DE DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Home 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME moy pages Thomas Stinnett Mary Oockran Pages age 5 n 16. SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address CALVERT COUNTY, M INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause par line for (o), (b), and (c). EXREEM INJURIES PART I, DEATH WAS CAUSED BY: MULTPLE IMMED IMMEDIATE CAUSE (o) **BUE TO** Conditions, if ony, which gove rise to immediate couse along DUE TO (o), stoting the underlying couse lost. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY 8 PERFORMED? YES 🗍 NO P 20g EXTERNAL CAUSE WAS PRIMARY 12 or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) shauld 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or lown) (County) (Stote) factory, street, office bldg., etc.) Medical Page 3 sh Not while RLOTTEHALL. STMARY 4-22 1941 of work of work MOVIE 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that death resulted from: Natural causes , Accident 7, Suicide . Undetermined cause Homicide . to the DATE SIGNED ACTUAL cute the certifical forwarded to the DIRECT DIRECTION OF FUNERAL DIRECTION OF THE PROPERTY OF CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S William D. Boyd M. D. April 23,1961 DEPUTY MEDICAL EXAMINER IX NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) (Stote) PEMOVAL (Specify) 0 St. Paul Prince Frederick ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE APR 25 61 arthur S. Thanks VS. A15ME(S) SM 9/55

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18



15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

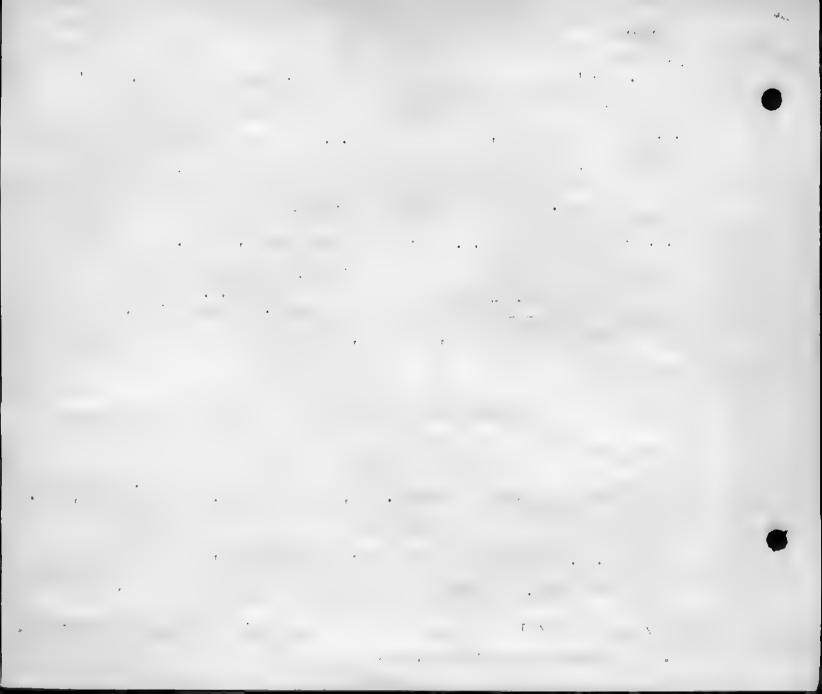
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND CERTIFICATE OF DEATH 04258

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission)
St. Mary's MARYLAND	Maryland St. Maryla
b. CITY OR TOWN (if oulside corporate limits, c. LENGTH OF STAY IN 1b writa RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Leonardtown , 8 months	Leonardtown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)	d. STREET ADDRESS o. 15 RESIDENCE ON A FARM?
St. Mary's Hospital	YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
(Type or print) Lola Catherine	Gray DEATH M April 21, 1961
	8. DATE OF BRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED D VORCED	Nov. 14,1904 56 yrs. Months Deys Hours Min.
1De. JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
House wife Home	Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Luin Bramble	Maude Lowe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	
(Yes, no, or unkown) [Ifyesgive-wererdetesofservice] NO none An	drew C. Gray Leonardtown, Maryland
18. CRUSE OF DEATH (Enter only one cause per line for (e), (b), end (c) }	Interval setween
PARTI DEATH WAS CALLEED BY	ONSET AND DEATH
IMMEDIATE CAUSE (e) Cancer of J	_
/ 3 6 / DUE TO /	
Conditions, if eny, which gave rise to immediate cause	ONE YEAR
(a), steling the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
TY T	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING 20b ACCIDENT WAS UNDERLYING 1 ET ITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of tam 18.)
	ACE OF INJURY [Home, ferm, 2Df. (City or town] (County) (Stete) ctory, streat, office bldg., etc.)
Hour e.m. While Not While lat work 19 at work 19	a
	June 13 1960, to 4 2/, 196/, that (1) (we) last
	it death occured at 5.3.4 M. Filling the causes and on the date stated above.
22e. SIGNATURE	22b. DATE + ATTENDING MED. STAFF SIGNED
Charles Treenwell	M.D. PHYS. DIRECTOR PHYS. APRIL 22, 1961
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Charles Greenwell M.D.	Leonardtown, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
Burial April 25,1961 St. Aloysiu	Leonard town, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
W.Clarke Mattingley Leonardtown, Maryls	and DATE APR 25 '61 Centry S. Krons



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MINER'S CERTIFICATE OF EXAMINER'S TII DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY St. Mary's MaryVand MARYLAND b. CITY OR TOWN (f outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and giv nearest town) write RURAL and give nearest town) s 1, 2, and 3 to the funeral director of may be refained for your yand 2 with the State Board of 7p hours after death. for your Patuxent River Patuxent /Pi/ver Pennsylvania 2 weeks d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) U.S. Naval Air Station, a. IS RESIDENCE Philagelphia ON A FARM? Naval Air Station Station Hospital Middle 4. DATE Month DECEASED William (Typa or print) Joseph HERRSCHAFT DEATH April 1961 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH F UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months I Days Male Cauc. April 1939 WIDOWED [7] DIVORCED . 10e. USUAL OCCUPATION (Give kind of work 105. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Give Pages 1, 2, orm PM2 Page 5 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Philadelphia. Penna. U.S. Navv USA U.S. Navv pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph George HERRSCHAFT Elizabeth Catherine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Official U.S. Naval Records permit. Office along with to burial-transit permit. Yes USNAS. Patuxent River. This certificate should be executed Maryland ______
INTERVAL BETWEEN
ONSET AND DEATH 18. CAUSE OF DEATH END IN die chine but line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: INJURIES. MULTIPLE. EXTREME IMMEDIATE CAUSE (a) Immediate in pencil DUE TO Conditions, if any, which gava risa to immadiata cause 85 8 "pending" Medical Examiner's DUF TO (a), stating the underlying 占 cremation, PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:8. 19. WAS AUTOPSY CERTIFICATION ficate, writing the word "it to the Chief Medical Ex. PERFORMED? NO X 200. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Jam 18.) ease execute the Ficate, writing the should be forwarded to the Chief Ma FUNERAL DIRECTOR: Page 3 sho its designated agent, prior to burial, Automobile Accident CAUSE OF DEATH MEDICAL Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 2Df. (City or town) (Stata) while Not While Rt. 235, 2 miles North, Lexington Park, Md. Inspection | 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry 19. and in my opinion death resulted from. Natural causes Accident L. Suicide Homicide Undetermined manner Patuxent River MC USNRUSNAS, Maryland DEPUTY MEL ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 5 April 1961 DEPUTY MEDICAL EXAMINER K iám Leonardtown, Maryland D. NAME (Typa) Address (Street, city, town, or county 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION, 22b, DATE THEREOF (Stata) REMOVAL (Specify) 40 9 Removal Abraial A/6/61Philadelphia Pennsylvania.

248. REC'D BY REGISTRAR I 245. REGISTRAR'S SIGNATURE ADDRESS VS. AISME '61 Continua & Trace Robinson - Leonardtown, 5M 7/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution; Residence before edmission) e. COUNTY b. COUNTY Marys St. Marys Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. C.TY OR IOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest lown! 상 for you Board o life Clements and 3 to the funeral direc Clements d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? retained fi the State B Rural YES NO [Rural 3. NAME OF Middle 4. DATE Dey Month Year DECEASED OF with the (Type or print) DEATH 19 67 JAMES MICHAEL HURRY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE I'm yeers I IF UNDER 1 YEAR! IF LINDER 24 HRS. hours lest birthdey) Months DIVORCED Nov. 2, and and N 1950 10 yrs. 10e. USUAL OCCUPATION (G.ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11. 81RTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if refired) utili be executed within 24 hours in pencil in frem 18, Give Pages USA School Maryland pages within Office along with form PM3. burial-transit permit. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hurry Phillip H. Katherine L. Greenwell 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unkown) | (If yes give wer or detes of service Phillip H. Hurry- Clements. 18. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY FRACTURED removal, and MMEDIATE CAUSE (e) IMMED **DUE TO** (b) geve rise to immediate cause Ø DUE TO (e), steting the underlying SE Examiner cause lest. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? cate, writing the word Medical NO I plaods 200. EXTERNAL CAUSE WAS PRIMARY TO FOR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of from 18.) the C. Page 3 s. burial, c CAUSE OF DEATH TRACTOR OVER Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY (County) (Stote) fectory, street, office bldg., etc.) Not While CLEMENTS please execute the tale, v. 4 should be forwarded to the conversed DIRECTOR: P. r its designated agent, prior t et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry 1-4 and in my opinion Suicide death resulted from. Natural causes Accident 4 Homicide Undetermined manner CHIEF MEDICAL EXAMINER DEPUTY MED ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Wm. D. Boyd, Leonandtown W. Md. county) MD NAME (Type) 22a, BURIAL, CREMATION, 225 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 6 10/61 St. Joseph Cemetery Burial Morganza, Ħ 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR 1 246. REGISTRAR'S SIGNATURE VS. A15ME P.B. Robinson - Leonardtown, Md. 5M 7/59 willing S. Firms DATEPR 1 2 '61



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	LACE OF DEATH					USUAL RESIDENCE (Who	ere decease		n: Residence bef	are admiss	sion)
/ °	. COUNTY St	. Mary's		MARYLANI	>	o. STATE Maryland b. COUNTY St. Mary's					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)									JRAL and give n	arest tow	n)
				2 days			ton P	ark			
d	OR INSTITUTION	L (If not in haspital, g	ive street	address)		d. STREET ADDRESS				e. IS RES	SIDENCE A FARM?
	USNAS,	Station H	ospi	tal		\$ 535 Ch	inlee	Drive			NO 🔀
3. N	AME OF ECEASED	Fin	sf	Middle		Last	4. DATE OF	Mont	_	ay	Yeor
	ype or print)	Jam		Gregrey		LEWIS	DEATH	Apri			19 61
S. SE	EX	6. COLOR OR RACE	7- MARE	RIED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years last birthday)	Months Days	R IF UND	ER 24 HRS
	Male	Cauc.	WIDOW		20	April 196	1	yrs	2	ribors	avin,
10a.	USUAL OCCUPATION during most of working	N (Give kind of work on the life, even if retired)	done 10b	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State of	or foreign o	ountry) USNAS	12. CITIZEN C	F WHAT	COUNTRY?
NA	,			NA		Patuxent	River	, Md.	USA		
13. F	ATHER'S NAME				14	. MOTHER'S MAIDEN N	IAME				
	William	Joshue LE	WIS			Carolyn A	nn BR	ISLEY			
		IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	INFOR	MANT		535 Chi		1770	
	No	-			Fat	her		Lexingt	on Park	Md	
Ī	IB. CAUSE OF DEAT	'H [Enter only one co	use per li	ne for (o), (b), and (c).]					IN.	TERVAL BE	ETWEEN
		H WAS CAUSED BY	, H	YALINE MEMBI	RANE	DISEASE (XXxy)		18	hras	DEATH
	7 ,	IMMEDIATE CAUSE (6)									
	Can #112										
	Conditions, if an	mediale	*					-			
	couse (o), sloting t	he under- DUE TO									
2	lying couse lost.	, (c		CONTRIBUTING TO DEATH		nel tern an aug rentu	bio Bioran	F CONTRIBUTION OUT	DIANA BART I(-)	10 14/40	AL TORCY
OID	PART II OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH E	SUI NO	KETATED TO THE TERMIT	NAL DISEAS	E CONDITION GIVE	EN IN PART I(d)	PERFC	PRMED?
FICA	20- ACCIDENT SHA	I I I I I I I I I I I I I I I I I I I	201 050	CRISE HOLY BUILDY OCCUP	10FD 15	4	Deat Las Das	1 II -6 it 10 1		YES [X	НО 🗌
CER	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY /	CAUSE OF DEATH	200. DES	CRIBE HOW INJURY OCCUI	KKED. (E	nter noture of injury in r	ron I or ror	r II or Hem 18.3			
MEDICAL	20c. TIME OF INJURY	Month, Day, Yes				OF INJURY (Home, form, street, office bldg., etc.		or town)	(County	1	(State)
WED	Haur a m.	19	While at war		iocioty,	sireer, office diag., etc.	7				
	,	(I) (this bounded	1	ded the deceased fran	- 20	Annil 10	67	21 April	10 67	h-1 (1) (
				1 1961, and tha		12:5	2	ST-White		non (1) ((we) last
	22a, SIGNATURE	a drive on 4	VDx 7	A 17.95 , and the	r dear	accurred of R	M, fram	rne causes and	d on the dat		b DATE
	tta. sioianioke	15.0	È.	10)	M.D	ATTENDING ME	ED	STAFF 21	April		CICA IED
	22c PHYSICIAN'S	70. O. C	ne	recon	M.D	22d. ADDRESS USN	RECTOR .				
	NAME (Type)	D. G. AND	ERSO	N. LT MC USA	ī					19	
								, MARYLA			
23a.	BURIAL CREMATION	I, 236. DATE THEREC) F	23c. NAME OF CEMETERY	OR CR	EMATORY	23d, LOCA	TION (City, town, a	r county)	(Sto	te)
	REMOVAL (Specify)	1 / 2 2 / 2	-				72.7	2 2	TAY A	1 (2)	2.2
Re		4/28/6	1	1				adenboro	-2		rolin
24 f	REMOVAL (Specify)	24/28/6	1 con	ADDRESS ardtown, Md		25a. REC'I	Bland	RAR 25b. REGIS	Nort	JRE	rolin



TO HOSPITAL OR EXTENDING PHYSICIAN: The law requires that the death certifical is executed within 24 hours after	affending physician.	TO FUNERAL DINECTOR: After this certificate has been signed by the attending physician and completely filled in L 🥠 funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after/death
PHYSICIAN:	the hospital or	this certificate h	d for use as the	alth prior to bur
OR PETENDING	refained by	The TOR: After	should be detache	State Dept. of He.
TO HOSPITAL (death, Page 4 m	TO FUNERAL D	director, page 3	be filed with the

VR A15 (4)

15M 9/60

PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) e. COUNTY b. COUNTY St. Mary's Maryland St. Mary's MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest lown) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town! Rural Hollywood d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO X St. Mary's Hospital 3. NAME OF 4. DATE Month Middle Year DECEASED (Type or pr'nt) DEATH Abell April 22. 19 61 Owens 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH lest birthdey) | Months Days , WIDOWED Nov. 8,1910 Male White DIVORCED YIS. 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY (1). RIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Construction R.E.A. Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Anita Abell George F. Owens 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give wer or detes of service) 219 01 9444 Mrs Susan . Owens Hollywood, Maryland 1B. CAUSE OF DEATH [Enter only one cause per line for (e), ,b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise lo immediele ceuse DUE TO (a), stelling the underlying PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? COL IN ALLIE CONTRAL TY TO BE NO . 200. ACCIDENT WAS UNDERLYING | 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I on Pert I of item 18.) OR CONTRIBUTING CAUSE OF DEATH (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, † 20f. (City or town) factory, street, office bldg., etc.) While __Not While Hour n.m. et work el work 22e. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. 22c, PHYSICIAN'S 22d. ADDRESS NAME (Type) Mechanicsville, Maryland David L. Mossman M.D. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Our Lady's Chapel Medley's Neck, Maryland Burial 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE Orthun S. Throng DATE APR 2 5 '61 W. Clarke Mattingley Leonardtown, Maryland



TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fixed, if institution) Residence before admission a. COUNTY Maryland St. Mary 90 MARYLAND b, CITY OR TOWN (if outside corporete lim ts. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearast town) 6hrs. Rural Lexington Park Pages 1 hours after .5 Leonardtown within filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS St. Mary's Hospital completely 3. NAME OF 4. DATE Midd.e DECEASED (Type or print) William Franklin carbon 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH physician and White October 10.1880 Male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work геттоу 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or fore gn country) done during most of working life, even if retired) Farming & State Road Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending John James Pegg Elizabeth Kirby 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Ifyes give war or detes of service) 16 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) þ DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) DUE TO (b) has been gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After this 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. at work at work CIOR: 21. I certify that (I) (this hospital) attended the deceased from. 22e. SIGNATURE death, Page 4 ma TO FUNERAL DI director, page 3 sho be filed with the St ATTENDING PHYS DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Bean M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. REMOVAL (Specify) 12/61 Ebenezer Burial **74 FLINERAL DIRECTOR'S SIGNATURE ADDRESS**

W. Clarke Mattingley Leonardtown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

10. 19 61 DEATH April AGE (In years, IF UNDER 1 YEAR, IF UNDER 24 HRS. last birthdey) 80 yrs. Months | Dava 1 12 C TIZEN OF WHAT COUNTRY? U.S.A. Address Mrs Drucy G. Pegg Lexington Park, Maryland INTERVAL BETWEEN DNSET AND DEATH WAS AUTOPSY PERFORMED? NO 20f. (City or town) (County) (State) 1964..., that (1) (we) last and that death occured all. Form the causes and on the date stated above. STAFF PHYS. Great Mills. Maryland 23d, LOCATION (City, town or county) (State) Great Mills, Maryland 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE arihan S. Firaus

b. COUNTY

Month

St. Marv's

a. IS RESIDENCE ON A FARM?

YES NO A

Year

VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY e. STATE **b.** COUNTY St, Mary's Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) 28 days Leonardtown Rural California d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS St. Marv's Hospital 3. NAME OF Middle 4. DATE Month DECEASED OF DEATH (Type or print) Joseph Elijah Pingleton 6. COLOR OR RACE 7, MARRIED K NEVER MARRIED 9. AGE (In yeers | IF UNDER I YEAR lest birthdey) Male White WIDOWED DIVORCED Nov. 13. 1879 ves. 10a. USUAL OCCUPATION (G've k'nd of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gr country) done during most of working life, even if retired) physici Virginia Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending t Granville Pingleton Sarah Jane Austin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR TY NO. 17, INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Elizabeth Ann Pingleton California. Md. the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ar temoselerope c vde à myocardis ATH WAS CAUSED BY: MMEDIATE CAUSE (6) inforction - recurent: I who DUE TO Conditions, it any, which gave rise to immediate cause DUE TO (e), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS 2Do. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part) or Part II of Item 18.) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) 2Dc TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from (saw the deceased alive 22e SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. death, Page 4 22d, ADDRESS 22c. PHYSICIAN NAME (TVDE Mechanicsville, Maryland Roy Guyther DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23. BURIAL, CREMATION, 0.5 3 MXmm Hollywood. Joy Chapel 25. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4)

W. Clarke Mattingley Leonardtown, Maryland

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Culling S. Hrand

DATE APR 2 5 '61

(County)

St. Mary's

Months

Deys

U.S.A.

. IS RESIDENCE

1961

IF UNDER 24 HRS.

PERFORMEDI

(Steta)

SIGNED

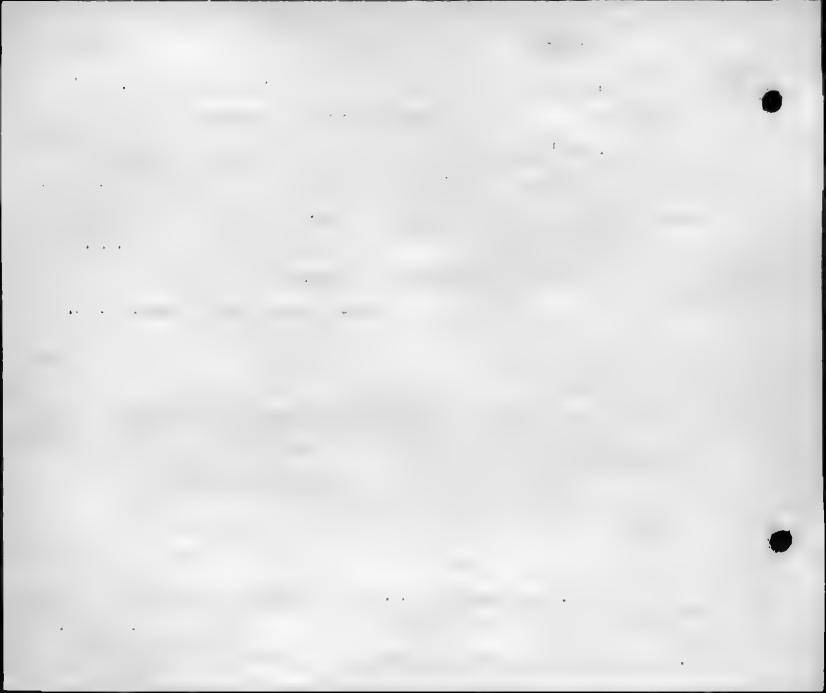
(Stele)

Md.

Hours

12. CITIZEN OF WHAT COUNTRY

ON A FARM? YES NO X



MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before admission) I. PLACE OF DEATH a. COUNTY b. COUNTY m. STATE St. Mary's St. Mary MARYLAND b. CITY OR TOWN (if outside corporate I'm ts, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete timits, write RURAL end give neerest town) write RURAL and give nearest town) Rural Great Mills 7davs Leonardtown B. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A STREET ADDRESS ON A FARM? Hospital St. Marv's 4. DATE Month NAME OF Middle Last DECEASED OF Benedict Ridgell DEATH (Type or print) Louis 1961 April IF UNDER 24 HRS. B. DATE OF BIRTH AGE (in yeers | IF UNDER 1 YEAR 6. COLOR OR RACE | 7. MARRIED T NEVER MARRIED K est birthdey) April DIVORCED [White WIDOWED I Male 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 1De USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired) U.S.A. Maryland Farming Farm 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Georgianna Ferrall Mack Ridgell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) | (If yes give we ror detes of service) Benedict Ridgell Great Mills. Maryland INTERVAL BETWEEN 18. CRUSE OF DEATH (Enter only one cause perfine for (a), (b), and (c) PART 1 DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Conditions, if any, which ' [6] geve rise to immediate cause **DUE 70** (a), stating the underlying PART II OTHER SIGNIFICANT COND TIONS PERFORMED? NO . 206 DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18) 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20f. (Cily or town) (County) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, ferm,) factory, street, office bldg., etc.) While Not While et work 21. I certify that (I) (this hospital) attended the deceased from....... , and that death occured at J. A.M., from the causes and on the date stated above. deceased alive on., saw 22b. DATE SIGNED STAFF ATTENDING DIRECTOR 22d. ADDRESS HYSICIAN'S James Jarkoe M.D Great Mills. Maryland 23d. LOCATION (City, lown or county) (Stata) BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Our Lady's Chapel Medley's Neck. Maryland Burial /61 256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATEMAY 3 .Clarke Mattingley Leonardtown, Maryland

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physician

attending ph Then please

lan.

death. Page 4

TO

within filled

Pages



VS. A15ME 5M 7/59 5

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4779 MEDICAL EXAMINER'S CERTIFICATE OF DEATH LAGE OF DEATH COUNTY St. Mary's MARYLAND 2. USUAL RESIDENCE [Where decessed lived, If institution, Residence before admission. STATE | Virginia | COUNTY | COUNT

PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
St. Mary's Maryland	b. STATE Virginia b. COUNTY Princess Anne
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
exington Park, Md 6 Hours	Box #90, Rt. #2
Station Hospital, NAS,	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Patuxent River, Maryland Middle	Princess Anne
NAME OF First Middle DECEASED	Lest 4. DATE Month Day Yeer OF
(Type or print) Earl Lenthel STA	NTON DEATH April 20 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Cau WIDOWED DIVORCED 9	September 1929 31 yrs. Months Deys Hours Min.
Oe. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
U.S. NAVY U.S. NAVY	New York U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Earl B. STANTON	Rebecca KALE
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	other-inlaw EPDO LANT
72	roll M. Brannon Norfolk, VA.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Central Nervous	
X 6 X DUE TO	
Conditions, if any, Which (b) Anoxia	
gave rise to immediate cause	
(a), stating the underlying (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
	PERFORMED?
	nter nature of Injury in Part I or Part II of item 18.) Passenger in F9F-
PRIMARY OF CONTRIBUTING TO STANK OF CAUSE OF DEATH.	
	CE OF INJURY (Home, form, Vacinity NAS (Count Patuxent)
T047 4-20-01	
21. I certify that I took charge of the remains described above, he	
death resulted from: Natural causes , Accident , Suici	
A	CHIEF MEDICAL EXAMINER
ACTUAL TR	ASSISTANT MEDICAL EXAMINER A DATE SIGNED
SIGNATURE	M.D.
EXAMINER'S NAME (Type) Wm. D. Boyd, MD of & M.D.	Lestratet dwwn, officity 4/22/61
28. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d, LOCATION (City, town, or country) (State)
Burial 4/25/61 Arlington N	ational Arlington, Virginia
23. PUNERADORESS ADDRESS	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
E.B. Rosinson-Leonardtown, Md.	DATEDR 2 6 '61 Ching & Known
	PH Z D O ! Clustered & Fixant

St. Ery's Virginia Frincess Anna Lotington Park, id o house Box , 90, il. . 2 Jun alegairt Patrixens Alver, Maryland hard Lenched Standon April 20 61 Male Cau September 1/29 31 U.S. MAYY W.S. NAVY New York . 00 . 10 . MATERIAL SERVICE Rebecca KALE That Dulls EPUG Land
Tes Nov. 10- Pres. Narroll M. Brennon Norrolk, 74. nation of senting senter modern account Lorgney BIXONA Passencer in Pyra The same and the same places It Emg 4-20-bl K ryfest Mivro, Aryland A paratropers and the total and 18/81/4 distributed and antique of the contraction of the c P.D. Toddingot- I consections, Fr.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 768

	LACE OF DEAT	Н				ENCE (Where			lence before admission)
	S . Mary	t s		MARYLAND	e. STATE	yland	b. COU	St. Me	mula
		(if outside corporete limits		c. LENGTH OF STAY IN 16			corporate limits, wri		
		d give nearest town)		Lan	N -				
		Hollywood		49days	Rural	Holly	ywood		i la projection
d	. NAME OF HOSP	ITAL OR INSTITUTION (if	not in hospit	el, give street eddress)	d. STREET ADDRE	55			ON A FARM?
3. P	IAME OF	First		Middle	Last	14. DAT	E Mon	th De	ey Year
	ECEASED Type or print)	George		William	Tippett	OF DEA	April	20.	19 61
5. 5	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH		9. AGE (In year		
M	ale	White	WIDOWED		April 21,	1882	78 yrs.	Months Days	s Hours Min.
		TION (Give kind of work orking life, even if retired		D OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (C	ounty & Stele,	or foreign country	12. CITIZEN	OF WHAT COUNTRY
	Farmer	and the train it to have	1	Farm	Moddov	Monaria	and	17	Q A
13.	FATHER'S NAME	10 Page 1 and 1		T. C(T.TT)	Maddox,		anu		.S.A.
		John Tippe	++			A	Tou Mand		
15.	WAS DECEASED E	VER IN U.S. ARMED FOR	ES7 + 16. SC	CIAL SECURITY NO. 17.	INFORMANT	LV8 A	Van Wart	IS	
(Yes,	no, or unkown)	(If yes give were rdetes of se	rvice)		INFORMAN Albe	rt T.T	ippett		
	No			none	e establishe e assign		XXXXX TO		Maryland
		DEATH [Enter only ona	cause per line	e for (e), (b), end (c).)	0	,	11 00		ONSET AND DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	6	arcinon	a of so	Lomas	ix On.	Tolli)	142
	151		0		1		-1		
	//	DUE TO			U				
	Conditions, if en								
	(e), stelling the	N DISC TO							
_	cause last.	(c)							
Z	PART II. OTH		ONS CONTI	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TER	MINAL DISEA	SE CONDITION GI	VEN IN PART 1(e)	19. WAS AUTOPSY
PE			and	lesis acleros	lie CVdu	dead.			YES NO
(FIC)	20a. ACCIDENT V	VAS UNDERLYING TO	20b. DESCR	RIBE HOW INJURY OCCURED			ert II of item 18.)		1100
CERT	OR CONTRIBUTING	G CAUSE OF DEATH							
MEDICAL	20c. TIME OF INJ	URY Month, Day, Yea	20d. IN		ACE OF INJURY (Home,		(City or fown)	(County)	(Stata)
100	Hour a.m.		While	Not While fee	fory, street, office bldg.,	erc.)			
-	p.m.	19			-(/-	11	11	0-11	
	21. I certify	that (I) (this hospital	al) ettende	ed the deceased from.		., 19.6.	-//		, that (I) (we) las
	saw the decea	sed dive on	Upon	219 U, and the	death occured at		rom the causes	and on the	date stated above
	22e. SIGNATURE	1111	0						22b. DATE
		Mouse	4/4	hi .	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		SIGNED
-	22c. PHYSICIAN	1	1	- 17	22d, ADDRESS	-			
	NAME HYD	9. Roy (Suythe:	r M.D.		Mechar	nicsville	. Md.	
238.	BURIAL, CREMA	TION, 236. DATE THER	OF I	23c. NAME OF CEMETERY	OR CREMATORY		OCATION (City, I		(Stete)
R	Burial Specific	4/24/61		St. Joseph's	5	Mor	rganza,		Md.
24	UNERAL DIRECTO			ADDRESS			GISTRAR 256. R	EGISTRAR'S SIGN	
W.	Clarke 1	Mattinelwo L	aonerd	ltown, Marylan	DATE	APR 2.4	161	Tulling & H	Comp
-		- C - CTITETAN D	o oliat a	AND THE ATEN	14	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	-	warming a 11	

